

U.S. Army NAF Employee Benefits Program

Retirement Plan

Summary Plan Description

Effective 1 January 2001

www.NAFbenefits.com



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The USANAF Retirement Plan



WHEN YOU JOIN THE RETIREMENT PLAN

Mandatory Enrollment Effective 1/1/2001

Effective 1 Jan 01, participation in the NAF Retirement Plan will be mandatory for new hires, rehires and those who become eligible for benefits. Current employees will not be required to enroll. When processing these employees, please be sure to "X" the block next to "I elect to participate" in item 15, DA Form 3473, Part 1. Employees mandatorily enrolled will not be able to opt out of the Plan until they have participated for six months. Employees who later opt out after six months, will only be able to cash out their Retirement Plan contributions when they separate employment or convert to an ineligible status.

WHO MAY PARTICIPATE

You may participate in the retirement plan if you are in an "eligible class." You are eligible if you are:

- a regular NAF employee working at least 20 hours a week

AND

- working in one of the 50 United States, the District of Columbia, or Puerto Rico.

HOWEVER:

- if you are working overseas, you must be a U.S. citizen or the spouse or child of a U.S. citizen.
- Vested employees who accept Appropriated Fund employment within 3 days of NAF separation, who exercise their right to remain in the Army NAF Retirement Plan, in

accordance with Public Law 101-508. As of 1996, Public Law 104-106 replaced Public Law 101-508 and the election period was increased up to one year after separation from NAF employment.

(Employees of the Army-Air Force Exchange Service, "leased employees," and military personnel **may not** participate in the retirement plan.)

WHEN TO JOIN

If you are an eligible employee you may join the retirement plan at any time. Many decide to join at the time they begin work or first become eligible; others decide to join later. **Employees who decide not to join the retirement plan initially but join later MAY NOT MAKE BACK PAYMENTS TO MAKE UP FOR THE TIME THEY DID NOT CONTRIBUTE. HOW TO JOIN**

To join the retirement plan you must fill out DA Form 3473, Part 1, which is available from your civilian personnel unit. (CPU)

What Does the Retirement Plan Cost?



Your cost for basic benefits is 2% of your pay. This amount is deducted from your pay. In addition, your employer pays at least as much as you do—and more if necessary to keep the retirement plan financially sound.

VESTING

You are vested in the retirement plan when you have contributed to the plan for 5 years. Vesting means you are entitled to receive a lifetime monthly benefit.

WHEN PARTICIPATION BEGINS

Your participation begins on the day you complete and elect participation. After you complete, sign and date DA Form 3473, you will see a deduction for retirement on your earnings and leave statement. Check your earnings and leave statement (LES) for deductions to begin. If deductions have not begun within 1 month of your election date, please contact your civilian personnel unit.

ENDING PARTICIPATION

You may stop your participation in the retirement plan and stop making contributions at any time, except those mandatorily enrolled after 1 Jan 01 who must wait 6 months before being eligible to opt out of the plan. If you do so, you must wait two years before you may rejoin. **(When estimating your credited service for retirement purposes, you cannot count any period of time when you do not contribute to the retirement plan.)** If you rejoin the retirement plan and decide once again to end participation, you may not rejoin again. Each time you change your status in the retirement plan, you must complete, sign and date DA Form 3473, Part 1, at your servicing civilian personnel office.

Your participation automatically stops when you terminate employment or when you become ineligible because of a change from a regular position to a flexible position.

TERMINATION OF EMPLOYMENT

Your employment may terminate in the following ways: You may quit, be fired or affected by a reduction resulting from a business based action, or you may die.

If you quit, are fired, or affected by a reduction, you have these choices:

- You may take a refund of your contributions (see the section entitled **Refunds**).
- You may leave your contributions on deposit for up to 5 years, if you have less than 5 years credited service. If you do not rejoin the retirement plan within 5 years of your termination date, your money will be refunded to you. You may, of course, rejoin the plan if you are re-hired in an eligible class within 5 years.
- If you have 5 or more years in the retirement plan, you may delay starting your monthly benefit and take a deferred monthly benefit which can start as early as age 52.

If you die while still employed:

- Your survivors get a monthly benefit or a refund of your money, depending on how much credited service you have.

TYPES OF RETIREMENT BENEFITS

The following types of retirement benefits are available for you as a participant in the retirement plan. Any one of the monthly benefit annuities are more valuable than taking a refund of your contributions plus interest.

NORMAL ANNUITY — You retire at age 62 or later and have completed at least 5 years credited service in the retirement plan. The normal monthly benefit provides a basic calculation from which all other benefit amounts and options are figured:

Age	Years of Credited Service	Remarks
62	5	Benefit not reduced

EARLY ANNUITY **— You retire before reaching the normal retirement age of 62 and you have or exceed, one of the following combinations of age and service listed below:

Age	Years of Credited Service	Remarks
50	20	Reduced benefit
52	5	Reduced benefit
60	20	Benefit not reduced
55	30	Benefit not reduced

****Additionally, employees electing this benefit will receive a supplemental early retirement benefit (SERB) in addition to the early monthly benefit until his/her 62nd birthday.** (See the section entitled **Supplemental Early Retirement Benefit [SERB]**)

VERA/DSR

VOLUNTARY EARLY RETIREMENT AUTHORITY (VERA) and DISCONTINUED SERVICE RETIREMENT (DSR)

Effective 1 January 97, a VERA and DSR was added to the Retirement Plan. The Army NAF Retirement Plan has a VERA/DSR policy when installations are undergoing a 5% or more reduction. All requests for VERA/DSR must obtain prior approval from the Assistant of the Army (Manpower and Reserve Affairs) ASA M&RA. Eligibility requirements are 25 years of credited service and any age, or age 50 with 20 years of credited service. Participants who are approved for VERA/DSR and meet eligibility requirements, will have their benefit reduced by 2% per year from age 55. Regular early retirement reductions are 4% per year from age 62. A VERA projection is available on the Retirement Plan web site at www.NAFBenefits.com. The file is a Microsoft Excel Version 6.0 Worksheet. If you need a different version of Excel, email the Benefits Office.

SUPPLEMENTAL EARLY RETIREMENT BENEFIT

If you retire before age 62 and receive an early annuity, you will receive **(UNTIL YOU REACH AGE 62 AND BECOME ELIGIBLE FOR SOCIAL SECURITY BENEFITS) a supplemental early retirement benefit (SERB)**. The SERB recognizes that Social Security benefits, which are an integral

part of NAF retirement, are not payable until a participant reaches age 62. If you retire at or after age 62, you will not receive a SERB since Social Security benefits are payable immediately. (See also the section entitled **SERB Formula**.)

****Disability annuitants are not eligible to receive SERB.**

DEFERRED ANNUITY — You separate employment before age 62 and ask to wait for your monthly benefit, until the first day of the month after reaching age 52 or later. You must have at least 5 years credited service in the retirement plan to be eligible for this benefit:

Age	Years of Credited Service	Remarks
52	5	Reduced benefit
62	5	Benefit not reduced

IMPORTANT NOTE ABOUT DEFERRED MONTHLY BENEFITS—Retiree medical and life insurance benefits are not available to retirees electing a deferred monthly benefit. For questions regarding your medical and life benefits eligibility, contact your civilian personnel unit.



DISABILITY ANNUITY — You become **totally and permanently disabled and unable to perform work**, provide medical information from your doctor, and your application for disability is approved by the medical authority selected by the Benefits Program Manager, you may be approved for a disability monthly benefit. To apply for this benefit, your total disability must have happened while you were employed and you must apply for this benefit no later than 30 days after separation. Applications received after 30 days will be denied.

Age	Years of Credited Service	Remarks
52 <u>or</u>	5	See the following:

You must be 52 **or** you may be any age if you have 5 years of credited service. (If you have less than 5 years of credited service, you must have contributed to the retirement plan for at least 12 months immediately preceding your request for

disability retirement to be eligible for a disability benefit and you must be at least age 52.) **Also**, the disability cannot be caused by your misconduct (for example, alcohol or drug abuse) during the 5 years before the disability started. Permanent disability means you cannot perform useful and efficient work in your position or another position similar to your position, as determined by the medical authority approved by the Benefits Program Manager.

If you are getting workers' compensation benefits, your disability benefit when combined with your workers' compensation benefit, cannot exceed 90% of your HI-3 salary used in figuring your monthly benefit.

OPTIONAL BENEFITS

When you receive your final retirement benefit option papers from the Employee Benefits Office, you can choose a benefit with different payout rules. If you are unmarried, you may choose any payout option. If you are married, you must choose either the normal survivor option or the 100% continuation option, unless your spouse waives his/her rights to that benefit. These are your choices:

5 Year Certain

- A reduced monthly benefit which you receive for life, but at least for 60 months. If you die before you receive 60 monthly payments, the remaining benefits are paid to your beneficiary.

10 Year Certain

- A reduced monthly benefit which you receive for life, but at least for 120 months. If you die before you receive 120 monthly payments, the remaining benefits are paid to your beneficiary.

100% Continuation to Spouse

- A reduced monthly benefit which you receive for life. When you die, your beneficiary receives 100% of your reduced monthly benefit.

SMALL BENEFITS—ACTUARIAL LUMP SUM

If your monthly benefit is less than \$100 a month, the Benefits Program Manager may elect to make these payments quarterly, semi-annually, or annually, or may elect to pay a lump sum which is the actuarial equivalent of the monthly benefit. If

you get a lump sum, that payment completes the obligation of the retirement plan.

To find out what your estimated monthly benefit will be, please see your civilian personnel officer for a projection of retirement benefits.



REFUNDS — You may get a refund of the money you put in to the retirement plan plus interest, only if one of the following happens:

- When you terminate employment. If you get a refund and are later rehired, you may buy back your prior service by repaying the refund plus 3% interest compounded annually. This must be done within 2 years of your re-hire date.
- When you cannot participate because of a change in employment status.

*****If you are vested (participated for 5 or more years), a refund of your money and interest is probably not the best option for you. Generally, if you elect a monthly benefit, your contributions and interest are returned to you within one to three years of monthly benefit payments. You will receive all NAF money for the rest of your life! Also, after your death, your spouse will get NAF money for the rest of his or her life! If you get a refund, you lose these benefits. Think about it!***

Use DA Form 3715-R to get a refund. You may obtain this form from your civilian personnel unit. This form must be signed by the employee and civilian personnel officer and attach DA Form 3473 coded 04 for separation of employment.

MONEY ON DEPOSIT — You should ask for this, only if you expect to be rehired in an Army NAF position within 5 years.

If you have less than 5 years credited service, terminate your employment, do not request a refund, and are not rehired within 5 years, your contributions plus interest will be refunded after 5 years.

SPOUSAL WAIVER FORM

If you are married and have more than 5 years credited service, your spouse must agree in writing for you to get a refund of your money. This is because after you have 5 years credited service, you are vested (that is, at age 62 you have the right to a monthly benefit) and your spouse is entitled to a part of that monthly benefit or to a survivor benefit, according to the law.

DEATH BENEFITS

Before retirement

- If you die before you retire and **have less than 5 years credited service**, your money plus interest will be paid to your spouse, beneficiary, or estate.
- If you die before you retire and **have more than 5 years credited service**, a survivor benefit will be paid to your spouse or your money plus interest will be paid to your designated beneficiary or to your estate, if you do not have a surviving spouse.

After retirement

- If you die after retirement but before you receive a monthly benefit, a survivor benefit will be paid to your spouse or your money plus interest will be paid to your designated beneficiary or to your estate, if you do not have a surviving spouse.
- If you die after you retire and you have started getting your monthly benefit, either survivor or death benefits will be paid as you chose on your retirement option papers.

After disability retirement

- If you retire on a disability and then die, survivor benefits will be paid as if you had died before retirement. (See **After Retirement** above)

SURVIVOR BENEFIT

Your surviving spouse will get a monthly benefit if you die before your spouse:

- while you are actively employed and you have at least 5 years of credited service, or
- while you are receiving a monthly benefit. (Unless your spouse waived rights when you retired)

(See also the section entitled **Death Benefits** above.)

RETIREMENT BENEFITS



ELIGIBILITY

To be eligible to receive a monthly benefit from the retirement plan, you must have at least 5 years of credited service.

CREDITED SERVICE

Credited service includes periods when you worked in a regular NAF civilian position **and** contributed to the retirement plan **and** other periods of time which may be credited as service.

(See section entitled **Portability of Benefits**)

PORTABILITY OF BENEFITS

NAF TO NAF

Between DoD NAFIs of different branches of the Armed Forces (AAFES, Marines, Air Force, Bupers, Navy, Navy Exchange, or Coast Guard)

If you are participating in the Army NAF retirement plan and you terminate employment (for reasons other than retirement) and you are employed by a different DoD NAFI within 90 calendar days, you may carry forward your credited service from the Army NAF retirement plan. This does not apply to transfers which occurred between August 1975 and April 1983, except for transfers of function or reduction in force. (Exception: If the other DoD NAFI does not cover part time employees, then credited service for Army NAF is not allowed).

Upon retirement from the other DoD NAFI, you will receive two monthly benefit checks, one from Army and one from the other DoD NAFI. (Exception: If you transfer to another DoD NAFI before becoming vested in the Army NAF retirement plan, you will only receive a refund of your money plus interest, however your Army NAF credited service will be counted in figuring your retirement benefit from the other DoD NAFI retirement plan.)

If you are vested in the Army NAF retirement plan at the time of transfer, and you want portability of benefits, you may not choose to receive your Army NAF monthly benefit, until you retire from the other DoD NAFI. If you are vested at the time of transfer and you have reached the minimum retirement age for an Army NAF monthly benefit and you choose an Army NAF monthly benefit, portability of benefits will not apply for you. You will be treated as a new hire at the other DoD NAFI as if you never had any prior Army NAF credited service.

The same procedure applies in reverse, if you transfer from another DoD NAFI to Army NAF.

Your civilian personnel office should contact the Employee Benefits Office when you transfer employment within 90 calendar days, to another DoD NAFI so your benefit can be figured at the time of transfer.

The prescribing directive is [DoD 1401.1M, Personnel Policy Manual for NAFIs, Edition December 1988](#). This manual is available on the web for download at: <http://www.cpmis.osd.mil/nafpo/nafhome.htm> or you may access the link from www.NAFbenefits.com and select the link DOD NAF Personnel Policy.

NAF to APF

Between a Nonappropriated Fund (NAF) Retirement Plan and the Federal Employee Retirement System (FERS) or Civil Service Retirement System (CSRS) for Appropriated Fund employees (APF)

Public Law 101-508 and P.L. 104-106 allows vested Army NAF employees to choose to remain in the Army NAF retirement plan, if your regular NAF job is changed to a regular APF job, within 3 calendar days. This is a onetime, lifetime election.

Public Law 101-508 also allows vested Army APF employees to choose to remain in FERS or CSRS, if your regular APF job is changed to a regular NAF job, within 3 calendar days.

Public Law 104-106 replaced Public Law 101-508 and allows up to a 1 year break in service and up to 1 year to select which retirement system. Anyone who exercised their portability rights under P.L. 101-508, cannot also exercise them under P.L. 104-106.

The effective date of P.L. 101-508 was 1 January 1987 and it was replaced by P.L. 104-106 in 1996.

You must be given an opportunity to make this lifetime election. You are responsible for any prior contributions due the Army NAF retirement plan or FERS or CSRS, whichever you elect. You must complete SF 830-1 at your civilian personnel office. If you choose to stay in the Army NAF retirement plan, you may never be in FERS or CSRS and vice versa.

If you choose to stay in the Army NAF retirement plan, you can participate in the APF medical and life extension plans at retirement, provided the minimum participation requirements have been met. Army NAF medical and life plan participation time can be used to meet the APF required medical and life plan participation time, at retirement. You cannot participate in the Army NAF medical and life extension plans at retirement.

Portability pay instructions are available for download at www.nafbenefits.com.

HOW AND WHEN TO APPLY FOR A MONTHLY BENEFIT



Your civilian personnel office will help you apply for a monthly benefit and give you DA Form 3715-R which must be completed to request the monthly benefit. You should apply 3 months before you plan to retire or as soon as possible.

START OF ANNUITY PAYMENTS

You will get your first monthly benefit check on the first of the month following the month your CPO separates you from the rolls. For example, if you separate during March, your first monthly benefit check will be for 1 April. **(To maximize your benefit, most employees elect to retire on or before the last day of the month).** The first few checks will be for an estimated monthly benefit and may very well be smaller than your final monthly benefit. After you return the option papers you receive from the Employee Benefits Office, your

final monthly benefit will be figured. The first check you receive after your final monthly benefit is figured, will include the difference due you between the estimated monthly benefit and your final monthly benefit.

MAXIMUM BENEFITS

The maximum benefits payable under the retirement plan are:

- **Normal, Early, or Deferred Retirement:** The Normal or Early Retirement benefit or 80% of high 3 average salary, whichever is less.
- **Disability benefits:** The Disability Retirement benefit cannot exceed 90% of high 3 average earnings, when added to Workers' Compensation.
- **Survivor benefits:** 55% of your benefit unless the 100% continuation option was elected by the employee at retirement.

Retirement Projection Requests

If you would like a projection of your retirement benefits, you may contact your civilian personnel office. Each Army NAF Personnel Office has been supplied with a diskette to automatically figure retirement projections when you enter the HI-3 average annual salary and years and months of credited service.

The Normal Annuity Formula

These calculations can be done automatically by using the spreadsheet on the web site at www.NAFbenefits.com. You can plug in the HI-3, Credited Service and Date of Birth and get a projection of your retirement benefit. Go to the retirement section of the web site and download the MS Excel file or if you want to compute your estimate using the plan formula with a calculator, it is listed below:

A. Multiply the following:

- Hi-3 years average annual salary;
- times years and months of creditable service up to 15;
- times .012

Plus

B. Multiply the following:

- Hi-3 years average annual salary;
- times years and months of creditable service over 15;
- times .016

C. Add A and B above and divide by 12

This is your estimated monthly benefit. There is one more step using **the Covered Compensation Table**. This table is done annually by the Internal Revenue Service (IRS) and is based on increases in the Social Security Wage Base, year of birth and year of retirement. Your civilian personnel office will have a current issue of this table on the retirement diskette for more complete processing of your projection.

The 2001 Covered Compensation Table is on the next page. Look up your year of birth on the table. If your HI-3 average annual salary is greater than the Social Security Covered Compensation amount, subtract the Social Security Covered Compensation amount from your HI-3 average annual salary. If your HI-3 average annual salary is less than the Social Security Covered Compensation amount, disregard this step.

D.

- Hi-3 years average annual salary minus social security covered compensation amount;
- times .003
- times years of credited service up to 30 years
- divide by 12
- add this amount to the amount obtained in **section C** on previous page. This is your total estimated monthly benefit due at age 62.

Early Annuity Formula

These calculations can be done automatically by using the spreadsheet on the web site at www.NAFbenefits.com. You can plug in the HI-3, Credited Service and Date of Birth and get a projection of your retirement benefit. Go to the retirement section of the web site and download the MS Excel file or if you want to compute your estimate using the plan formula with a calculator, it is listed below:

- Follow all steps in calculating the Normal Annuity Projection.
- Reduce the monthly benefit figured in the normal annuity projection by 4% for each year under age 62 that you retire. For example: if you are age 56 with 10 years of credited service, you will reduce the normal benefit by 6

years times 4%, equals a 24% reduction in the benefit. If the monthly normal annuity benefit is \$1000 per month, this early retirement benefit will be \$760 per month.

SERB Formula

The **SERB** is calculated as follows:

- A. Multiply \$192 times credited service up to 25 years; divide by 12
- B. Multiply .005 times Hi-3 Salary times credited service up to 25 years; divide by 12.
- Enter the lesser of A or B. This is the monthly **SERB** amount due in addition to your benefit calculated under the Early Retirement Formula.

Disability Annuity Formula

These calculations can be done automatically by using the spreadsheet on the web site at www.NAFbenefits.com. You can plug in the HI-3, Credited Service and Date of Birth and get a projection of your retirement benefit. Go to the retirement section of the web site and download the MS Excel file or if you want to compute your estimate using the plan formula with a calculator, it is listed below:

Follow procedures outlined for normal annuity projection, except **omit the Covered Compensation Table step. Do Not add the Supplemental Early Retirement Benefit and Do Not reduce the benefit for age less than 62.**

Survivor Annuity Formula

(for employees who die before retirement)

Follow procedures for normal annuity for the deceased employee based on the employee's age and credited service at death. Multiply the answer by 55%. This is the survivor benefit due for all employees who were not eligible for an immediate annuity at the time of their death. If the employee was otherwise eligible to an immediate annuity at the time of death, then the surviving spouse is entitled to the 100% continuation option.

Also, if the deceased employee would have been entitled to **SERB**, the survivor is entitled to 55% of the **SERB** until the deceased employees' 62nd birthdate.

2001 IRS Covered Compensation Table

Year	Soc. Sec	Year	Soc. Sec
of	Covered	of	Covered
Birth	Compensation	Birth	Compensation
1917	6000	1949	63000
1918	9000	1950	66000
1919	12000	1951	66000
1920	12000	1952	69000
1921	12000	1953	69000
1922	15000	1954	72000
1923	15000	1955	72000
1924	18000	1956	75000
1925	18000	1957	75000
1926	21000	1958	75000
1927	21000	1959	75000
1928	24000	1960	78000
1929	24000	1961	78000
1930	27000	1962	78000
1931	27000	1963	78000
1932	30000	1964	80400
1933	30000	1965	80400
1934	33000	1966	80400
1935	36000	1967	80400
1936	36000	1968	80400
1937	39000	1969	80400
1938	42000	1970	80400
1939	45000	1971	80400
1940	48000	1972	80400
1941	51000	1973	80400
1942	51000	1974	80400
1943	54000	1975	80400
1944	54000	1976	80400
1945	57000	1977	80400
1946	60000	1978	80400
1947	60000	1979	80400
1948	63000	1980	80400

US ARMY NONAPPROPRIATED FUNDS – DISPOSITION OF RETIREMENT BENEFITS

For use of this form, see AR 215-3; the proponent agency is DCSPER

DATA REQUIRED BY THE PRIVACY ACT OF 1974

AUTHORITY: Internal Revenue Service Code, Section 401(a)

PRINCIPAL PURPOSE: The information you provide is for the purpose of preparing a refund of contributions or to process a retirement annuity

ROUTINE USES: For terminating employees, the information is used to prepare a refund or a deferred annuity as requested. For retirement employees, the information is used to process a monthly annuity payment thereafter. For survivors, the information is used to process survivor benefits.

DISCLOSURE: Disclosure of your social security number and primary insurance amount is voluntary. Disclosure of other personal information is voluntary, however, failure to provide this information within one year of termination of employment will result in automatic refund of contributions and denial of annuity.

SECTION I - GENERAL INFORMATION

EMPLOYEE NAME (LAST, FIRST, MI) **SOCIAL SECURITY NUMBER** **DATE OF BIRTH**

COMPLETE MAILING ADDRESS (STREET, CITY, STATE, ZIP) **TELEPHONE #**

SERVICE COMPUTATION DATE **DATE OF SEPARATION AND REASON** **SICK LEAVE HRS**

EMPLOYING NAFI

MARITAL STATUS **NAME OF LEGAL SPOUSE (LAST, FIRST, MI)**

SOCIAL SECURITY NUMBER OF LEGAL SPOUSE **DATE OF BIRTH OF LEGAL SPOUSE** **DATE OF MARRIAGE**

In the event there is no surviving legal spouse, list names and dates of birth of surviving children under age 18 on reverse side with a certified copy of the court document which appointed the legal guardian. The date of marriage and the date(s) of birth of the Survivor(s) have been verified by satisfactory evidence and the benefit authorized. A certified copy of the Death Certificate is attached.

Annually, Benefits resulting from the death of the employee are payable in accordance with the Army NAF Retirement Plan.

SECTION II - RETIREMENT FUND OPTIONS

CHECK ONE:

IN ACCORDANCE WITH AR 215-3

- I REQUEST A REFUND OF MY CONTRIBUTIONS AND ACCUMULATED INTEREST IN FULL SATISFACTION OF ALL ANNUITY PAYABLE.
- I REQUEST MY CONTRIBUTIONS REMAIN ON DEPOSIT FOR A MAXIMUM OF 5 YEARS.
- I REQUEST AN IMMEDIATE ANNUITY (NORMAL OR EARLY RETIREMENT)
- I REQUEST A DEFERRED ANNUITY PAYABLE AT AGE 62.
- I REQUEST DISABILITY RETIREMENT.
- I REQUEST DISABILITY RETIREMENT DUE TO WORK RELATED INJURY/DISEASE.
- I REQUEST SURVIVOR BENEFITS.

SECTION III - EMPLOYEE'S OR SURVIVOR SIGNATURE

SIGNATURE OF EMPLOYEE/SURVIVOR **DATE**

SECTION IV - VERIFICATION

THE ABOVE INFORMATION HAS BEEN VERIFIED FROM THE EMPLOYEE'S PERSONNEL RECORDS AND DA FORM 3473 CODED 04 IS ATTACHED.

SECTION V - CPU MAILING ADDRESS

CPU

ADDRESS

CIVILIAN PERSONNEL OFFICER SIGNATURE

DATE



ELECTRONIC DIRECT DEPOSIT REQUEST

Participating Pension Products and Services

John Hancock Place, Post Office Box 111, Boston, MA 02117

YOUR PERSONAL DATA

(PLEASE PRINT OR TYPE)

CONTRACT HOLDER U.S. Army Nonappropriated Funds Employee Retirement Plan		CONTRACT NUMBER GAC 3730	CERTIFICATE NUMBER
NAME OF PARTICIPANT (LAST, FIRST, MI)		SOCIAL SECURITY NUMBER	
STREET ADDRESS	CITY	STATE	ZIP
TELEPHONE NUMBER	EMAIL ADDRESS		

YOUR BANK INFORMATION

The bank that you specify must be a member of the Automated Clearing House. Most banks are, and yours probably is, but if not, they will let you know what alternatives are available.

REQUEST THAT MY BENEFIT PAYMENTS BE ELECTRONICALLY TRANSFERRED TO MY:

PLEASE MARK ONE	CHECKING ACCOUNT	SAVINGS ACCOUNT
BANK NAME _____		
STREET _____		
CITY _____	STATE _____	ZIP _____
YOUR ACCOUNT NUMBER _____		

YOUR AUTHORIZATION

I hereby authorize the John Hancock Life Insurance Company to initiate credit entries to my account indicated above. If an amount should be credited to my account in error, or after my death, I authorize the appropriate debit adjustment.

PARTICIPANT SIGNATURE _____	DATE: _____
ADDITIONAL SIGNATURE _____	DATE: _____
(If joint bank account BOTH persons must sign this authorization)	

BANK AUTHORIZATION YOUR BANK MUST COMPLETE THE FOLLOWING SECTION

Electronic transfers will begin when verification has been established with your bank. Until then, regular checks will be issued to your bank.

ABA NUMBER (BANK I.D. NUMBER)

I HEREBY VERIFY THE ACCURACY
OF THE ABOVE INFORMATION

SIGNATURE _____	TITLE _____	DATE _____
TELEPHONE NUMBER _____		

WAIVER OF US ARMY NONAPPROPRIATED FUND RETIREMENT BENEFITS

STATE OF _____, COUNTY (CITY) OF _____

On the _____ day of _____, 200_, before me
personally came _____, to me known, who
(Spouse)
being by me duly sworn did depose and say that he/she is the lawful spouse of
_____, who is entitled to a benefit from the
(Employee)
U.S. Army Nonappropriated Fund Retirement Plan, in accordance with
(P.L. 98-397 Jan 85), which requires vested married employees to provide
survivor benefits to their spouse upon death, and that he/she does now freely
and without duress hereby waive irrevocably, his/her entitlement to a benefit from
the U.S. Army Nonappropriated Fund Retirement Plan, Additionally, he/she
does understand that by such waiver of retirement benefits, that he/she is not
now entitled to a retirement benefit from the U.S. Army Nonappropriated Fund
Retirement Plan.

Type Spouse's Name	_____
Type Spouse's Social Security #	_____
Type Employee Name	_____
Type Employee Social Security #	_____

Spouse Signature Date

Notary Public's Signature Date

Notary Public Seal

**U.S. Army Nonappropriated Fund
Disability Application**

EBB Form 766-R

CONTROL NUMBER: GAC 3730

EMPLOYER: The form should be given to the employee with instructions to mail it when completed by the claimant and the Attending Physician to the U.S. Army Employee Benefits Branch, P.O. Box 107, Arlington, Virginia 22210-0107.

PART A (to be completed by Employee)

EMPLOYEE: (1) Please fill out and sign this portion of your Application for Group Life Insurance Disability Benefits and/or Retirement Disability Benefits and/or 401(k) Savings Plan Disability Benefits.(IMPORTANT) - Failure to fully answer all questions will cause delay in the claim processing. Should you need assistance in completing this form, contact your Employer. (2) When completed and signed by you, forward to your Attending Physician with instructions to Complete Part C and forward to the Employee Benefits Branch at the address above.

1. LAST NAME	FIRST NAME	MI	SEX	SOCIAL SECURITY #
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2. DATE OF BIRTH	MARRIED	NUMBER OF CHILDREN DEPENDENT UPON YOU FOR SUPPORT
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3. MAILING ADDRESS (No., Street, Apt. No., P.O. Box or Rural Route) (City) (State) (Zip Code) TELEPHONE #

4. DESCRIBE THE DUTIES OF YOUR USUAL JOB IN YOUR OWN WORDS:

JOB TITLE	YOUR EMPLOYER
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5. DID YOUR USUAL JOB INVOLVE:

- A. THE USE OF MACHINES, TOOLS, OR EQUIPMENT?
- B. TECHNICAL KNOWLEDGE OR SPECIAL SKILLS?
- C. ANY SUPERVISORY RESPONSIBILITIES?
- D. TRAVEL?

PLEASE EXPLAIN ALL YES ANSWERS:

6. DESCRIBE THE KIND AND AMOUNT OF PHYSICAL ACTIVITY INVOLVED IN YOUR JOB DURING A TYPICAL WORK DAY
(SELECT NUMBER OF HOURS IN A DAY THAT YOU PERFORM THESE ACTIONS AT WORK).

LIFTING AND CARRYING (DESCRIBE WHAT WAS LIFTED, HOW HEAVY IT WAS, HOW OFTEN IT WAS LIFTED AND HOW FAR IT WAS CARRIED).

7. HOW DOES YOUR ILLNESS OR INJURY NOW PREVENT YOU FROM PERFORMING YOUR USUAL DUTIES AS DESCRIBED
IN ITEMS 4, 5 & 6?

8a. LIST ANY SKILLS WHICH YOU MAY HAVE AS A RESULT OF PRIOR EMPLOYMENT, TRAINING OR EDUCATION, OR MILITARY
SERVICE:

8b. LIST LAST YEAR OF SCHOOL COMPLETED:

9. BEFORE YOU STOPPED WORKING, DID YOUR ILLNESS OR INJURY CAUSE YOU TO CHANGE:

- a. YOUR JOB OR DUTIES?
- b. YOUR HOURS OF WORK?
- c. YOUR ATTENDANCE?

(EXPLAIN HOW YOUR CONDITION CAUSED THESE CHANGES AND SHOW THE DATES THE CHANGES WERE MADE.)

10. BRIEFLY DESCRIBE YOUR INJURY OR ILLNESS THAT PREVENTS, OR HAS PREVENTED YOU FROM WORKING:

11. IF CONDITION DUE TO INJURY, PLEASE INDICATE THE FOLLOWING:

DATE OF INJURY

WHERE DID IT OCCUR?

12. DESCRIBE HOW ACCIDENT OCCURRED:

13. WHAT WAS YOUR LAST DAY OF WORK BECAUSE OF THIS DISABILITY? ARE YOU STILL DISABLED?

14. IF YOU ARE NO LONGER DISABLED, ENTER DATE YOU WERE AGAIN TO WORK (MONTH, DAY, YEAR) DATE OF FIRST TREATMENT FOR THIS ILLNESS OR INJURY

15. LIST THE NAME, ADDRESS AND TELEPHONE NUMBER OF THE DOCTOR WHO HAS YOUR LATEST MEDICAL RECORDS.

IF YOU HAVE NO DOCTOR, CHECK HERE

NAME

AREA CODE & TEL NO.

ADDRESS

16. HOW OFTEN DO YOU SEE THIS DOCTOR? DATE OF FIRST VISIT DATE OF LAST VISIT

17. REASONS FOR VISITS

TYPE OF TREATMENT
RECEIVED:

18. HAVE YOU SEEN ANY OTHER DOCTOR SINCE YOUR ILLNESS OR INJURY BEGAN?

IF "YES" SHOW THE FOLLOWING:

NAME

AREA CODE & TEL NO.

ADDRESS

19. HOW OFTEN DO YOU SEE THIS DOCTOR? DATE OF FIRST VISIT DATE OF LAST VISIT

20. REASONS FOR VISITS

TYPE OF TREATMENT
RECEIVED:

21. HAS YOUR DOCTOR TOLD YOU TO RESTRICT YOUR ACTIVITIES IN ANY WAY?

IF "YES", GIVE NAME OF DOCTOR AND STATE WHAT HE/SHE TOLD YOU ABOUT RESTRICTING YOUR ACTIVITIES

22. CHECK ANY OF THE FOLLOWING WHICH APPLY TO YOU:

CONFINED IN A HOSPITAL OR OTHER MEDICAL INSTITUTION. _____
CONFINED TO A BED OR WHEEL CHAIR AT HOME. _____
NONE OF THE ABOVE BUT UNABLE TO GO OUTSIDE. _____
ABLE TO GO OUTSIDE ONLY WITH HELP OF ANOTHER PERSON OR DEVICE. _____
ABLE TO GO OUTSIDE WITHOUT HELP. _____

23. ARE YOUR HOME DUTIES, SOCIAL ACTIVITIES OR ABILITY TO CARE FOR YOUR PERSONAL NEEDS LIMITED IN ANY WAY?
IF "YES" DESCRIBE HOW AND WHY THEY ARE LIMITED.

24. DO YOU EXPECT TO RETURN TO WORK	DATE EXPECTED TO RETURN	DATE RETURNED
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25. HAVE YOU BEEN SEEN BY OTHER AGENCIES FOR YOUR INJURY OR ILLNESS (VA, VOCATIONAL, REHABILITATION WELFARE, ETC.)?
IF "YES" SHOW THE FOLLOWING:

NAME OF AGENCY _____
ADDRESS OF AGENCY _____
YOUR CLAIM NO. _____ DATES OF VISITS _____ TYPE OF TREATMENT OR EXAMINATION _____

RECEIVED

26. HAVE YOU EVER FILED (OR DO YOU INTEND TO FILE) CLAIMS FOR DISABILITY BENEFITS UNDER ANY:
WORKER'S COMPENSATION LAW OR PLAN?
SOCIAL SECURITY?

27. HAS THERE BEEN ANY DECISION OR ANY PAYMENT (TEMPORARY, PERMANENT, OR LUMP SUM) MADE ON THE CLAIMS FILED?

WORKER'S COMPENSATION CLAIM #s _____

28. ARE YOU ENTITLED TO DISABILITY BENEFITS FROM WORKER'S COMPENSATION BECAUSE OF THIS DISABILITY:

SOURCES IDENTIFY
Worker's Compensation INSURANCE OR AGENCY
ALEXSIS

BENEFIT AMOUNT	HOW PAYABLE	
	FROM	THRU
\$		

AUTHORIZATION

The above answers are true and complete according to the best of my knowledge and belief. I authorize any employer, insurance company, medical prepayment plan, service organization, physician, practitioner or other person; any hospital including the Veterans Administration, or other institution to release to or obtain from the US Army Nonappropriated Benefits Branch, any medical or benefit payment information that may be required to establish the validity of this claim, said company, person or organization, to disclose any personal or claim information required for medical case study or review. A photostat of this authorization shall be as valid as the original.

EMPLOYEE'S SIGNATURE _____ DATE _____

YOU MUST NOTIFY THE EMPLOYEE BENEFITS BRANCH PROMPTLY IF:

- Your medical condition improves so that you would be able to work, even though you have not yet returned to work.
- You go to work whether as an employee or as a self-employed person.

**ATTENDING PHYSICIAN'S
STATEMENT**

**REPLY TO:
US ARMY NAF EMPLOYEE BENEFITS BRANCH
P.O. BOX 107
ARLINGTON, VA 22210-0107**

PATIENT'S NAME

POLICYHOLDER NAME

DATE OF BIRTH_

CONTROL NUMBER: GAC 3730

The purpose of this report is to assist us in making a disability determination. In filing out this report please include insufficient details of history, physical and diagnostic findings, clinical course, therapy and response to enable us to make this determination. After signing this form, return it to the address noted above.

1. HISTORY

- (a) Patient's Age.....
- (b) When did symptoms first appear or accident happen.....
- (c) Date patient ceased work because of disability.....
- (d) Has patient ever had same or similar condition?.....
if "Yes" state when and describe.....

2. DIAGNOSIS (including any complications)

- (a) Subjective symptoms.....
- (b) Objective findings.....
(including current signs, laboratory data & X-ray results)

3. DATES OF TREATMENT

- (a) Date of first visit.....
- (b) Date of last visit.....
- (c) Frequency.....

4. NATURE OF TREATMENT (Including Surgery, if any)

5. PROGRESS

- (a) Check one..... Recovered Improved Unchanges Retrogressed
- (b) Is patient..... Ambulatory?
Bed confined?
- (c) If hospital confined..... Name of hospital
Confined from through

6. PHYSICAL IMPAIRMENT (AS IT RELATES TO EMPLOYMENT)

Class 1 - No limitation of functional capacity; capable of heavy physical activity. No restrictions. (0-10%)
Class 2 - Slight limitation of functional capacity; capable of light manual activity. (15-30%)
Class 3 - Moderate limitation of functional capacity; capable of clerical/administrative (sedentary) activity (35-55%)
Class 4 - Marked limitation. (60-70%)
Class 5 - Severe limitation of functional capacity; incapable of minimal (sedentary) activity. (75-100%)
Remarks:

5. COMPETENCY

Is the patient competent to endorse checks and direct the use of the proceeds thereof?

6. PROGNOSIS

(a) Do you expect a fundamental or marked change in the future?	No	Yes-Improvement Yes-Deterioration
	HIS JOB	OTHER WORK
(b) if improved, will patient recover sufficiently to perform duties of	No	No
3-6 mos 6-12 mos over 1 yr	Yes	Yes
		3-6 mos 6-12 mos over 1 yr
(c) If no improvement expected, please explain		

7. REHABILITATION

	HIS JOB		OTHER WORK	
(a) Is patient a suitable candidate for trial employment or job training?	Yes	No	Yes	No
(b) If yes, when could he commence trial employment?	full time part-time		full time part-time	
	mos. day year		mos. day year	
(c) If no, please explain_				

8. REMARKS

Date	Name (Attending Physician) Print	Degree	Telephone
Street Address	City or Town	State or Province	Zip Code
Signature			

**Statement of Intent to Purchase Military Service Credit in the
US Army Nonappropriated Fund Employee Retirement Plan**

I certify that I have not received military service credit under any other employer's retirement system. I certify this is a truthful statement. I further certify that within 30 days of making any future application for recognition of military service credit under another retirement plan, I will notify the Administrator of the US Army Nonappropriated Fund Employee Retirement Plan (Army NAF Plan) of such application. I understand I may not receive credit for the same military service under more than one retirement system. I understand that if multiple military service credit occurs, I authorize the Administrator of the Army NAF Plan to make appropriate adjustments to my benefit (or to the benefit of my survivor or beneficiary) from the Army NAF Plan to include cancellation of military service credit under the Army NAF Plan. I understand if I intentionally defraud the United States government or one of its instrumentalities, I may be prosecuted to the fullest extent of the law.

I further state that it is my intent to pay the deposit necessary to obtain credit for my military service after 1956 (not to exceed 5 years). I understand that I must pay the entire deposit the Army NAF Plan before separation of active employment and that if I do not complete the deposit at that time, the post 1956 military service will not be used to compute my annuity except that my survivor shall be afforded an opportunity to complete the deposit in a lump sum before payment of his/her entitlement. If my military service credit was incurred prior to 1956, I am not required to make a deposit to the Army NAF Plan.

I understand that this military service credit will not be used to gain entitlement to a benefit from any other retirement plan.

I authorize the Administrator of any retirement system to provide information to the Administrator of the Army NAF Plan regarding crediting of my military service for retirement plan purposes.

TYPED EMPLOYEE'S FULL NAME
#

TYPED EMPLOYEE'S SOCIAL SECURITY

Employee Street Address

Employee Daytime phone number

Employee (City, State, Zip)

Employee Workcenter

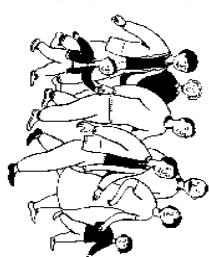
Signature of Employee

Date signed

NOTARY PUBLIC SEAL

Return completed and notarized form to: USANAF Employee Benefits Office, P.O. Box 107, Arlington, VA 22210-0107
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EBB FORM STATEMENT OF INTENT

**APPLICATION TO MAKE DEPOSIT FOR MILITARY SERVICE CREDIT TO USANAF RETIREMENT PL**

To avoid delay in processing:
1. Read all information carefully.
2. Typewrite or print in ink.
3. Complete Part A in full.

4. Submit this completed form with DD Form 214 or completed RI 20-97 and completed SF 180 to the Employee Benefits Office, P.O. Box 107, Arlington, VA 22210-0107

A. TO BE COMPLETED BY THE APPLICANT (EMPLOYEE)

1. Name Last First Middle		2. List All Other Names You Have Used		3. Birthdate (M/D/YR)	
4. Address Number & Street		5. Dept or Agency in Which Presently Employed		6. SSN	
City, State and Zip		7. Location of Employment (City and State)		8. Title of Last Position	
List below in chronological order, all periods of military service which have NOT been used as credit in another employer's retirement plan.					
Military Branch	Duty Station	Position Title	Periods of Service Beginning Date Ending Date	Has this service been applied as credit toward another employer's retirement plan? <input type="checkbox"/> YES <input type="checkbox"/> NO Signature of Employee Date	
				<input type="checkbox"/> YES <input type="checkbox"/> NO Signature of Employee Date	
				<input type="checkbox"/> YES <input type="checkbox"/> NO Signature of Employee Date	
				<input type="checkbox"/> YES <input type="checkbox"/> NO Signature of Employee Date	
				<input type="checkbox"/> YES <input type="checkbox"/> NO Signature of Employee Date	

I WISH TO PAY THE DEPOSIT NECESSARY TO OBTAIN CREDIT FOR MY MILITARY SERVICE AFTER 1956. I UNDERSTAND THAT THE ENTIRE DEPOSIT MUST BE PAID TO THE USANAF EMPLOYEE RETIREMENT PLAN BEFORE SEPARATION FOR RETIREMENT AND THAT IF I DO NOT COMPLETE THE DEPOSIT AT THAT TIME, THE POST MILITARY SERVICE WILL NOT BE USED TO COMPUTE OR ESTABLISH TITLE TO A USANAF RETIREMENT PLAN ANNUITY. ANY INCOMPLETE DEPOSIT THAT IS INSUFFICIENT TO PAY FOR THE MILITARY SERVICE CLAIMED, WILL BE REFUNDED WITHOUT ADDITIONAL INTEREST AND NO MILITARY SERVICE CREDIT WILL BE APPLIED. OTHERWISE, MY DEPOSIT IS REFUNDABLE ONLY IF I BECOME ELIGIBLE FOR A REFUND OF USANAF RETIREMENT PLAN CONTRIBUTIONS.

IF MY MILITARY SERVICE WAS BEFORE 1956, I AM NOT REQUIRED TO MAKE A DEPOSIT TO THE USANAF RETIREMENT PLAN TO RECEIVE SERVICE CREDIT, HOWEVER I MUST PROVE PERIODS OF MILITARY SERVICE THROUGH COMPLETION OF APPROPRIATE FORMS.

9. Are you currently participating in the USANAF Retirement Plan? (Circle One) YES NO	10. Are you a Current Active Army NAF Employee occupying a regular position? YES NO
Signature of Applicant	
Telephone Number including area code, where you can be reached during the day	



ESTIMATED EARNINGS DURING MILITARY SERVICE



INSTRUCTIONS:

SUBMIT THIS FORM TO THE APPROPRIATE MILITARY FINANCE CENTER FOR YOUR BRANCH OF MILITARY SERVICE. IF YOU HAVE SERVICE IN MORE THAN ONE BRANCH OF THE MILITARY, YOU MUST REQUEST EARNINGS FOR EACH PERIOD FROM THE APPROPRIATE BRANCH. ATTACH DD 214 OR EQUIVALENT AND ANY AVAILABLE RECORDS OF PAY OR PROMOTIONS. IF YOU DO NOT HAVE A DD 214 OR EQUIVALENT, OBTAIN A SF 180 (Request Pertaining to Military Records), FROM YOUR PERSONNEL OFFICE AND HAVE YOUR SERVICE VERIFIED BEFORE FORWARDING THIS FORM TO THE PAY CENTER. THE PAY CENTER CANNOT PROVIDE ESTIMATED EARNINGS UNLESS VERIFICATION IS ATTACHED.

TO:	Employee Name (Last, First, Middle)	
	Other Names Used	
	Social Security Number	Date of Birth
	Military Service Number	
	Branch of Service	

The uniformed services must provide estimated pay by Nonappropriated Fund Employees (NAF) for military service after December 31, 1956, for the purpose of making a deposit to the U.S. Army NAF Employee Retirement Plan for retirement service credit. Please provide the estimated basic pay earned by the above named employee. Do not include (combat pay, flight pay etc.)

Signature of Requestor	Relationship to employee	Date
	Employee is requestor	
	Survivor is requestor	
	Other	

Active military service after Dec. 31, 1956 (Dates below must be based on DD 214 or equivalent certification)	TO BE COMPLETED BY AUTHORIZED OFFICIAL
	Estimated Earnings (Base Pay) (Do Not provide estimated earnings for any period of service prior to January 1, 1957)

From (Mo, Day, Yr)	To (Mo, Day, Yr)	From (Mo, Day, Yr)	To (Mo, Day, Yr)	Rate of Basic Pay	Earnings	Type of Discharge
					\$	
					\$	
					\$	
					\$	
					\$	

1. If period of service began before & ended after 12/31/56, enter date service actually began (Mo, Day, Yr)	2. Lost time	Inclusive Dates	From (Mo, Day, Yr)	To (Mo, Day, Yr)	None	
					Number of Days _____	
					From (Mo, Day, Yr)	To (Mo, Day, Yr)

Signature of authorized official furnishing estimate	Date	Telephone Number including area code
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Typed Name of Authorized Official	Title of Authorized Official
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Return Completed Form to:	
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Name (Last, First, Middle)	Address	Street	City	St	Zip
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U.S. Army NAF Retirement and 401(k) Savings Plan Remittance Instructions as of 1 October 2001

U.S. Army NAF Retirement Plan

Deduct the following percentages from gross pay subject to Federal Income Tax. Do not include LQA (Living Quarters Allowance). Effective 1 Jan 97, do not include lump sum annual leave or severance pay as part of gross pay for retirement contribution calculations:

Employee Contributions

1987 3%	1992 2%	1997 2%
1988 3%	1993 2%	1998 2%
1989 3%	1994 2%	1999 2%
1990 3%	1995 2%	2000 2%
1991 2%	1996 2%	

Employer Contributions

1987 3%	1992 2%	1996 6.5%
1988 3%	1993 2%	1997 6.5%
1989 3%	thru 9/30/94 2%	1998 6.5%
1990 3%	10/1/94-12/31/94 6.5%	1999 6.5%
1991 2%	1995 6.5%	10/1/00 5.5%

Effective 1 Jan 98, participants of the USANAF Retirement Plan are eligible to purchase military service credit up to 5 years. Appropriated fund participants must deal directly with the Army NAF Benefits Office for requests and purchases of military service.

U.S. Army NAF 401(k) Savings Plan

The savings plan was established on 1 Jan 92. Based on the employee's election, deduct the following percentages from gross pay subject to Federal Income Tax. Do not include LQA. Effective 1 Jan 97, do not include lump sum annual leave or severance pay as part of gross pay for 401(k) savings plan contribution calculations:

Employee Elective Deferral

1%
2%
3%
4-22%

Employer Match

1%
2%
2.5%
3%

Effective 1/1/2000, the employee cannot defer more than **22% of salary**. The I.R.S. maximum annual employee contribution to 401(k) savings plans is listed below:

1992 \$8,475.00	1995 \$9,240.00	1998 \$10,000.00	2001 \$10,500
1993 \$8,994.00	1996 \$9,500.00	1999 \$10,000.00	
1994 \$9,240.00	1997 \$9,500.00	2000 \$10,500.00	

Timeliness of remittance is limited to 3 days following the end of the official pay day of the submitting payroll office. Please send original bi-weekly reports. The calculation worksheet must be submitted on hardcopy report with a U.S. Treasury check to the reporting location at: NAF Financial Services, ATTN: Retirement Portability Desk (Ms. Kay Allen), P.O. Box 6111, Texarkana, Texas 75505-6111, DSN 829-3720. The Army NAF Employee Benefits Office address is P.O. Box 107, Arlington, VA 22210-0107. Toll free number in the U.S. 1-877-384-2340, commercial 703-681-7261 and DSN 761-7261. Fax 7369. POC is Patty Simpson.